

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847277 (1)
 1. Corporation Name
INDUSTRIAL AIR, INC.

Principal Place of Business 428 EDWARDIA DRIVE PO BOX 8769 GREENSBORO NC 27419	Mailing Address 428 EDWARDIA DRIVE PO BOX 8769 GREENSBORO NC 27419-0769
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3. Date Incorporated or Qualified 10/21/1980	3a. Date of Last Report 04/29/1996
4. FEI Number 56-0812167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, JAMES C		1.2 NAME	
STREET ADDRESS 8446 LINVILLE ROAD		1.3 STREET ADDRESS	
CITY- ST- ZIP OAK RIDGE NC		1.4 CITY- ST- ZIP	
TITLE DCEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTER, REESE A		2.2 NAME	Deceased 2/1/97
STREET ADDRESS 5514 WAYNE RD		2.3 STREET ADDRESS	
CITY- ST- ZIP GREENSBORO NC		2.4 CITY- ST- ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOW, RANDALL		3.2 NAME	
STREET ADDRESS 4 HEATHER COURT		3.3 STREET ADDRESS	
CITY- ST- ZIP GREENSBORO NC		3.4 CITY- ST- ZIP	
TITLE PT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTER, ALLEN R., JR.		4.2 NAME	
STREET ADDRESS 5516 WAYNE RD		4.3 STREET ADDRESS	
CITY- ST- ZIP GREENSBORO NC		4.4 CITY- ST- ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOBBY R. CURTIS		5.2 NAME	
STREET ADDRESS 3825 SE SCHOOL RD		5.3 STREET ADDRESS	
CITY- ST- ZIP GREENSBORO NC		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobby R. Curtis **Bobby R. Curtis** 3/14/97 910/292-1030
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (9/96)